High child mortality rate in Andhra Pradesh

2222. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether World Bank Vice-President visited Hyderabad in February, 2002 and expressed concern over high child mortality rate in Andhra Pradesh and called for concerted efforts on the part of Government to bring it down drastically;

(b) if so, what is the child mortality rate in the country; and

(c) the steps Government are taking to bring down child mortality rate in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Yes, Sir. As per Sample Registration System estimates for the year 1998 the Child Mortality Rate was 22.5 per thousand in the age group 0-4 years.

Under the Reproductive and Child Health Programme, immunization, control of deaths due to acute respiratory infections and diarrhoea, provision of essential newborn care and promotion of exclusive breastfeeding and appropriate complementary feeding are being implemented. To prevent micronutrient deficiencies of Vitamin A and Iron, prophylactic programmes are under implementation.

Several Schemes have been launched to improve outreach services in the remote and difficult areas to further reduce infant and child mortality. These, *inter-alia,* include organization of RCH Camps, Dai Training Programme. Scheme for Strengthening Reproductive and Child Health Services, Immunization Strengthening Project,

Border District Cluster Strategy and operationalisation of Newborn Care.

Constitution of National Drug Authority

2223. SHRI KHAN GHUFRAN ZAHIDI: Will the Minister of HEALTH AND EAMILY WELFARE be pleased to state:

(a) whether Government have a proposal to constitute National Drug Authority;

(b) whether Government have decided to appoint an IAS officer as Head of the Authority; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Drug Policy 1994 had recommended the setting up of a National Drug Authority to undertake the regulatory functions performed by the Central Drug Standard Control Organisation in addition to assuming many new responsibilities. This would *inter alia* require major structural changes in the existing regulatory system, where licensing of manufacturers etc., as well as enforcement of the Drugs and Cosmetics Act, 1940 and Rules made thereunder, are primarily done by the State authorities. Strengthening of the existing capacity of the Central Drugs Standard Control Organisation (CDSCO) would be necessary before undertaking the new responsibilities. There is currently no such proposal.

Enhancing the facilities in hospitals

†2224. SHRIMATI S A VITA SHARD A: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

† Original notice of the question was received in Hindi.